

Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Male

Age

Married

Widow

Divorced

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



M. M. Anderson

Town

County

Died at

Brooklyn a u

MARYLAND

Data 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-12

Age 41

M^d

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 4

Husband of

Wife

Father's

Name

Wm Anderson

Mother's

Maiden Name

Sallie Anderson

Cause of

Primary

Pneumonia

How long sick

8 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Chas A. Brooke

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rachel Anderson

Town

County

Died at

MARYLAND

St. Margaret's Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

May 4

Age

73.11.30

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widow~~

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

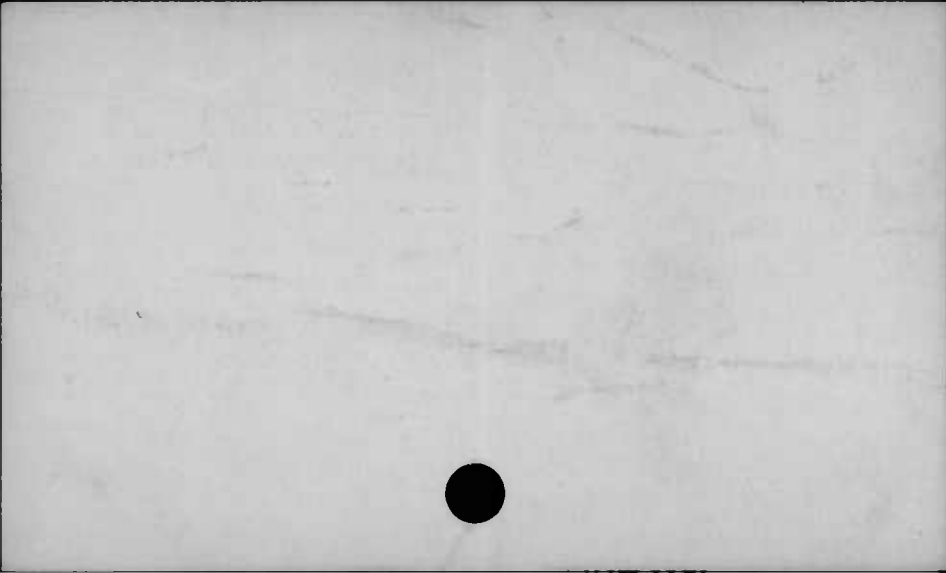
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Annie Blackson

Town

County

MARYLAND

Died at Annapolis

A. A. Co.

Month Day

Y. M. D.

Native of

Occupation

Date 1922

May 2

Age unknown

City

None

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

154

How long sick

months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

William Bishop, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sarah A. Boston

Town

County

Died at Annapolis

MARYLAND

Date 1902 May 10th Month Day Y. M. D. Age 48 yr Native of Md Occupation Housewife
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living Six

Husband of Samuel Boston
 Wife of Samuel Boston
 Father's Name Wm Browner Mother's Name Eliza Browner
 Maiden Name

Cause of Death { Primary Paralysis
 Immediate Exhaustion
 How long sick Two years
 Accident, Suicide, Homicide

Reported by Hammond Ball Undertaker

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John W. Bradley

Died at ^{Town} Brooklyn ^{County} a a.

MARYLAND

Date	1902	Month	5	Day	8	Age	42	Y.	5	M.	D.	Native of	M =	Occupation	Conductor
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living 1						

Husband
of
Wife

Father's Name	J. W. Bradley	Mother's Maiden Name	Charlotte Bradley
---------------	---------------	----------------------	-------------------

Cause of Death	Primary	Pulmonary Tuberculosis	How long sick	10 days
Death	Immediate	Pneumonia	Accident, Suicide, Homicide	

Reported by 27 Chas. V. Brooke

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full

Certificate of Death

Perry Wm Broome Jr.

Town

County

MARYLAND

Died at

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

None

Husband

of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79B98



Name in Full

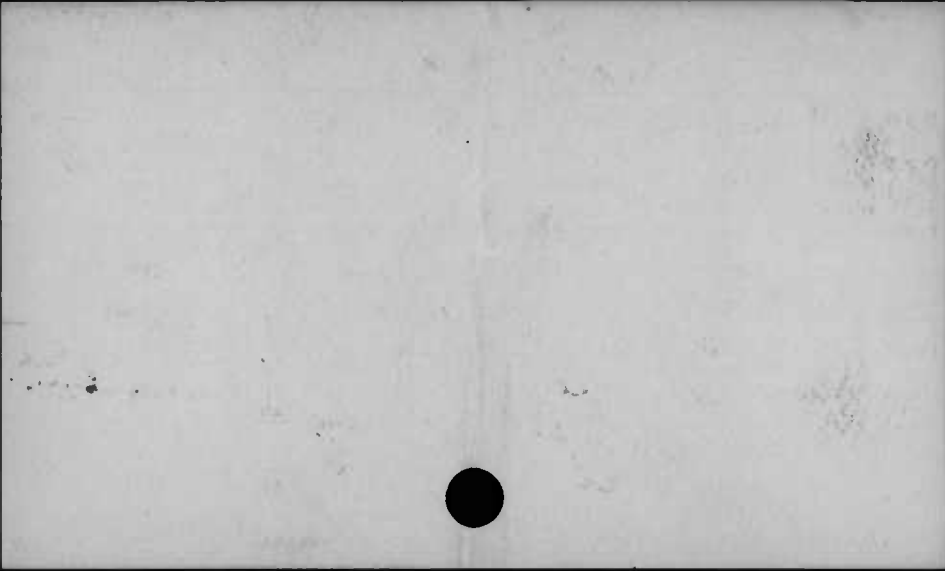
Certificate of Death

Venerable Brown
 Died at ^{Town} Watutbury ^{County} Anne Arundel MARYLAND
 Date 1902 ^{Month} 5 ^{Day} 19 ^{Y.} Age 70 ^{M.} ^{D.} ^{Native of} Md. ^{Occupation} Laborer
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

Husband of Maria Brown
 Wife
 Father's Name unknown Mother's Maiden Name unknown
 Cause of Death { Primary Apoplexy box
 Immediate How long sick 12 hrs -
 Accident, Suicide, Homicide

Reported by E. B. Gantt M. D.
 Address Millersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary L. Calhoun

Town

County

Died at

Annapolis

Ad

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 May 18th

Age

7

Md

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wm L. Calhoun

Mother's

Maiden Name

Daisy V. Johnson

Cause of

Primary

Pneumonia

Dentition

How long sick

Eight days

Death

Immediate

Asthenia

Accident, Suicide, Homicide

Reported by

John Ridout Md

Address

Annapolis Md

93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Name in Full

Certificate of Death

Kelly Carey

Town

County

Died at

St. Margaret's

A. A. Russell

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

May 27

Age

18

-

Md.

farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of
WifeFather's
Name

Alex. Carey

Mother's

Maiden Name

Louisa Carey

Cause of

Primary

Pneumonia

Death

Immediate

u

93

How long sick

8 days

Accident, Suicide, Homicide

Reported by

Dr. J. Lidout

Address

St. Margaret's
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908



Name in Full

Certificate of Death

Thomas Gilbert

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

May 4

Age

34

St. Margaret

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Thomas Gilbert

Maiden Name

Elizabeth Henson

Cause of

Primary

Malarial Fever

How long sick

1 day

Death

Immediate

Common

4

Accident, Suicide, Homicide

Reported by

J. B. Ridout - M.D.

Address

St. Margaret

A. A. Co. Inc.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Green

Died at Conaway. Town Anne Arundel - County MARYLAND

Date 1902 May 10. Month Day Y. M. D. Native of Acc" Ind Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name Eva. Green Mother's Name Mariah Green

Cause of Death { Primary Cerebro Spinal Meningitis How long sick 1 Week

Immediate Colo Accident, Suicide, Homicide

Reported by Geo. G. Williams M.D.

Address Conaway. Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elizabeth Green

Town

Walerburg

County

Anne Arundel

MARYLAND

Died at

Date 1892

Month

5

Day

6

Age

90-

Y.

M.

D.

Native of

Md

Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

Mother's

Name

How long sick

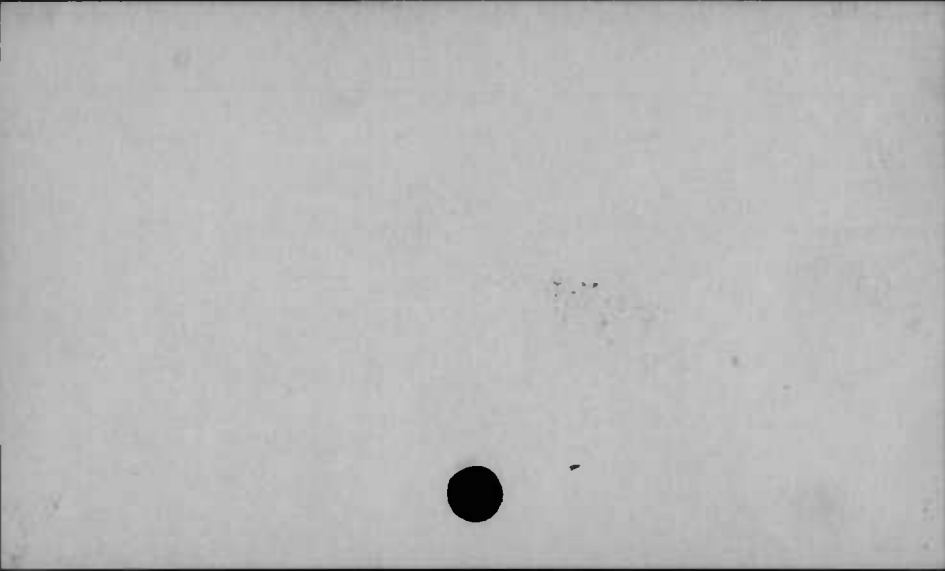
30 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joshua T. Hallock
Town County
Died at *Shady Side* *P. A.* MARYLAND
Date 19*02* Month *May* Day *4* Age *59* Y. M. D. Native of *N.Y.* Occupation *Sailor*
Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Widowed ☐ Widower ☐ Number of children living *5*
Husband of *Charlotte Atwell*
Father's Name *Thos. Hallock* Mother's Maiden Name *Susan Tuttle*
Cause of Death { Primary *Consumption* 27 How long sick *2 years*
Immediate *Exhaustion* Accident, Suicide, Homicide ☒
Reported by *Geo. T. Dench, M. D.*
Address *Churchton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Naves

Town *Curtis Bay* County *a a* MARYLAND

Died at *a a*

Date 1902 Month *5* Day *21* Y. *7* M. *7* D. *7* Native of *Ma* Occupation *—*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of *—*

Wife of *—*

Father's Name *Ed Naves* Mother's Maiden Name *Maggie Mangum*

Cause of Death { Primary *Pneumonia* Immediate *93* How long sick *3 days* Accident, Suicide, Homicide *—*

Reported by

Chas. F. Brooke

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Admiral Harris
 Town County

Died at *Harmans Anne Arundel* MARYLAND

Date *1902* Month *5* Day *3* Y. *49* M. *—* D. *—* Native of *Ind.* Occupation *Laborer*
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~ Number of children living *eight*

Husband of *Harriet Harris* *120*

Father's Name *Charles Harris* Mother's Name *Annie Harris*

Cause of Death	Primary	<i>Chronic nephritis</i>	How long sick	<i>12 hours</i>
	Immediate	<i>Anaemia</i>	Accident, Suicide, Homicide	

Reported by *R. A. Hammond M.D.*

Address *Desens Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Adeline Heuser

Town

County

Died at

Brooklyn

A A

MARYLAND

Date 19

02.

Month

Day

Y.

M.

D.

Native of

Occupation

5 31

Age

29

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

50

Frederick Heuser

Rosanda Heuser

Cause of

Primary

Dysentery Maligna

How long sick

3 yrs

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. B. Heuser

M. D.

Address

Brooklyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Hoban

Town

County

Died at *Annapolis Anne Arundel* MARYLAND

Date 1902 *May 21* Age *32* - *Md. Seamster*

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* *Number of children living*

Husband
of

Wife

Father's Name *Patrick Hoban* Mother's Maiden Name *Catherine Corran*

Cause of Death { Primary *Pelvic Abscess* How long sick *2 weeks*

Death { Immediate *Exhaustion due to apparatus* *Accident, Suicide, Homicide*

Reported by

W. Clement Claude M.D.

Address

5 St. John St Annapolis, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Johns

Town Camp Parole County

Died at

Chapin R.R., Ga

MARYLAND

Date 1902

Month Day

May 20

Age

Y. M. D.

43

Native of

County

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband

of

Lucy Johns

Wife

Father's

Name

Mother's

Name

W.A.

Cause of

Primary

Exposure

How long sick

4 days

Death

Immediate

Cerebro Spinal Meningitis

Accident, Suicide, Homicide

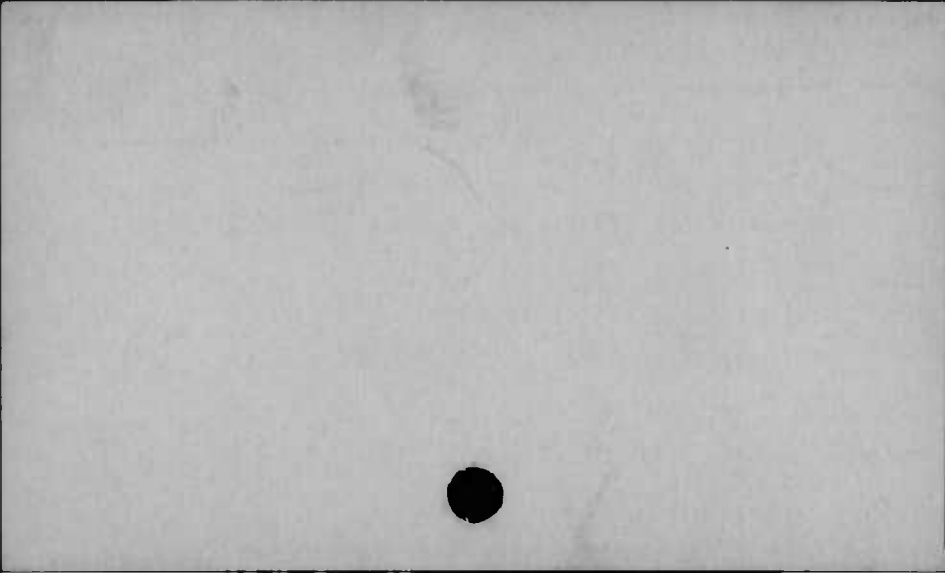
Reported by

William Bishop M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968



Name in Full

Certificate of Death

Sadie Johnson

Died at ^{Town} St. Margaret's ^{County} Anne Arundel MARYLAND

Date 1902 May 2 Age 19 9 8 Native of St. Margaret's Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband of

Wife

Father's Name Saml Johnson

Mother's Name Elsie Nichols

Cause of Death { Primary Typhoid Fever
 Immediate General debility
 How long sick 2 weeks
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Mr. Reams*Died at *3rd St* Town *A A* County

MARYLAND

Date *1902* *5* Month *18th* Day *50* Age Y. M. D. Native of *Penn* Occupation *Laborn*

Male White ~~Married~~ ~~Widow~~ Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name *56*

Cause of Death { Primary *Alcoholism*
 Immediate *Heart Failure*

How long sick

Accident, Suicide, Homicide

Reported by *Mr. L. Hawkins ad. Coroner*Address *Brooklyn* *Ms A*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

3

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



CERTIFICATE OF DEATH

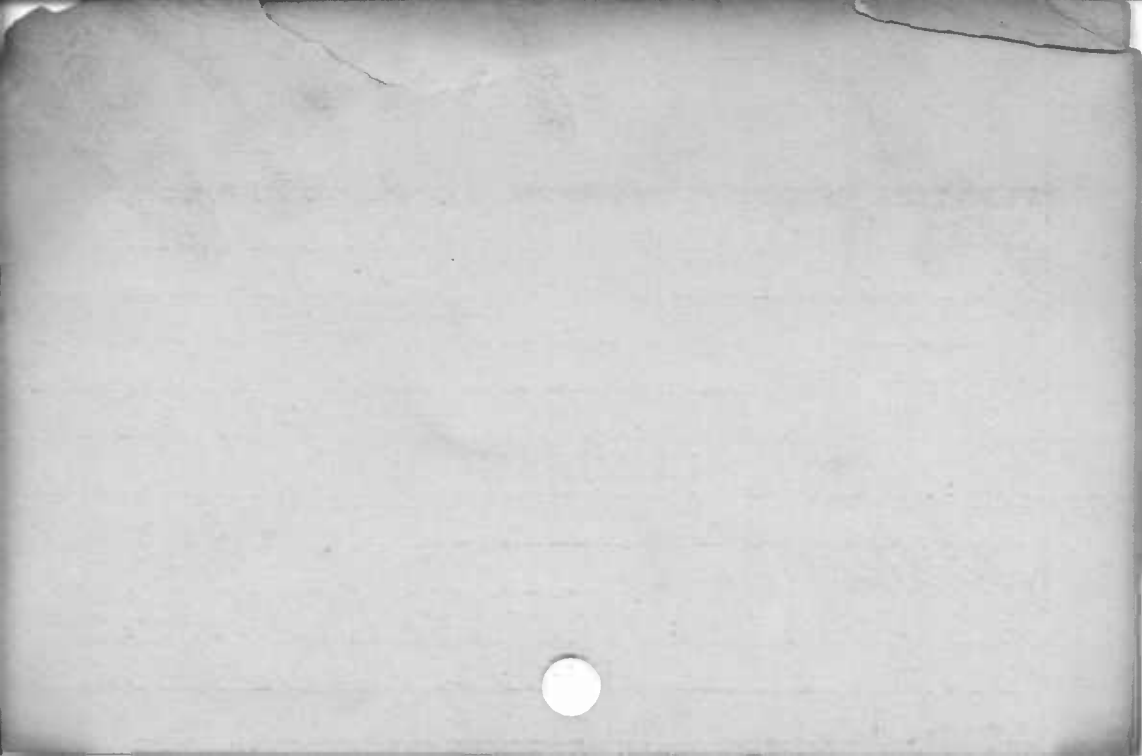
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairfield</i> ^{Town}		<i>Anne</i> ^{County}		MARYLAND	
Date of death 1902	<i>May</i> ^{Month}	<i>29</i> ^{Day}	Age <i>40</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Virginia</i>			
Married, Yes or Widowed		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Lucy W. Lee</i>					
Father's Name <i>Alburt H Lee</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Polly A Lee</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Hilkey W. Lee</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>3 days</i>
Immediate <i>Collapse</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. B. Horton MD</i>	
	Address <i>So. Balto Md</i>	
Accident or Suicide? <i>—</i>		



Name in Full

Certificate of Death

Liza Ann Luthicum
Town _____ County _____

Died at *West Point* _____ MARYLAND

Date 19 <i>02</i>	Month <i>May</i>	Day <i>7</i>	Age <i>77-0-7</i>	Y. <i>U.S.</i>	M. <i>Housewife</i>	D. <i>Divorced</i>	Occupation
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower				
Number of children living						<i>4</i>	

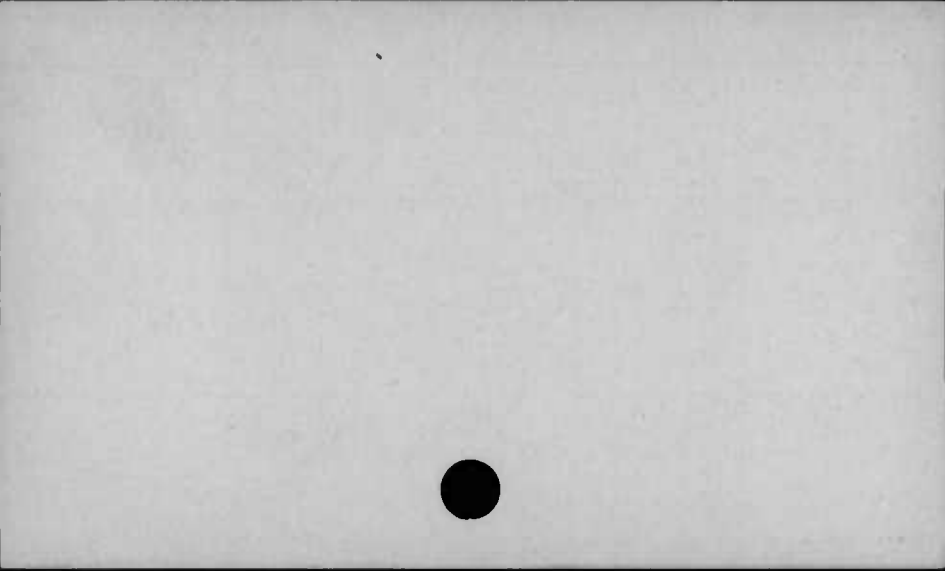
~~Husband~~ *Mrs. Luthicum*
Wife _____
Father's Name *Abraham Bealman* Mother's Maiden Name *Liza Bealman*

Cause of	Primery	<i>Arterio Sclerosis</i>	How long sick <i>2 years</i>
	Death	<i>Immediate Heart failure</i>	
			Acute Suicide Homicide

Reported by *Henry L. Luthicum*

Address *West Point*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Single

Widower

Number of children living

Mother's
Name

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Susanna Merritt
 Town County

Died at

Date

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

MARYLAND

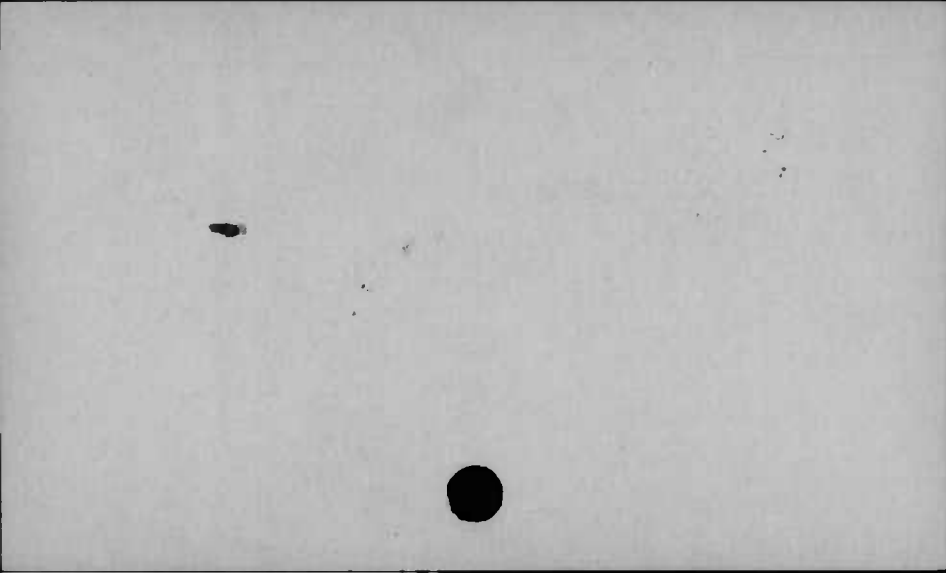
Jessup *Anne Arundel*
 Month Day Y. M. D. Native of Occupation
1909 *5* *4* *80* *5* *10* *Maryland*
~~Male~~ ~~White~~ ~~Marrried~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

John Merritt *Susanna Merritt*
 Cause of Death { *Pulmonary Congestion* *Exhaustion*
 How long sick *Eleven days*
 Accident Suicide Homicide

RA Hammond M.D.
Jessup, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

-LIBRARY BUREAU, 65960



Romulus G. Morgan

Died at *Millersville* Town *Anne Arundel* County MARYLAND

Date 1902 5 15 Month Day Y. M. D. Age 81 3 3 Native of Va Occupation Farmer

Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 6

Husband of Mary A. Balderston 154
 Wife
 Father's Name Gerard Morgan Mother's Name Rosanna A. Brown

Cause of Death { Primary General Debility How long sick three yrs-
 Immediate Heart failure from shock Accident, Suicide, Homicide

Reported by J. W. Gant M. A. -
 Address Millersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Francina Annurtha Murray

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 29th

Age

74

5

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Gastric Catarrh

How long sick

Six months

Death

Immediate

as above

Accident, Suicide, Homicide

Reported by

M. G. Seely, M.D.

Address

Cumberland Co. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Wladislaw Nowak

CERTIFICATE OF DEATH

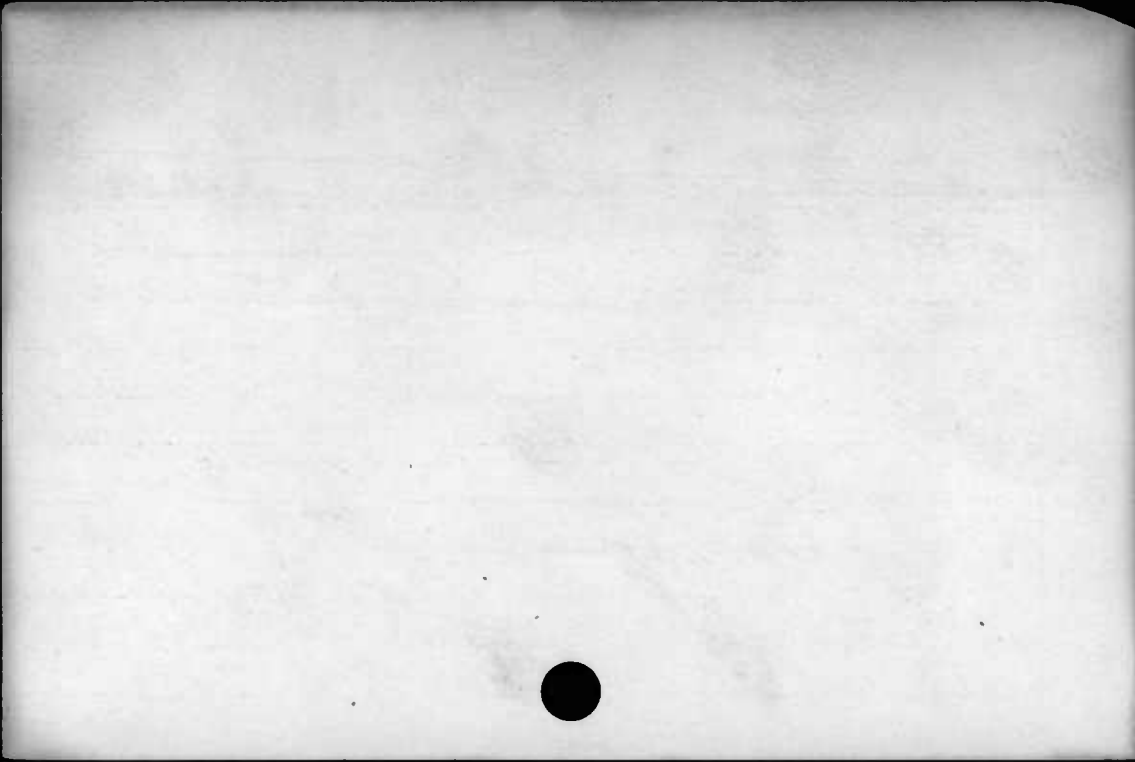
TO BE ANSWERED BY NEAREST FRIEND

Died at <i>East Brooklyn</i> ^{Town}		<i>San Gabriel</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>May</i>	Day <i>31</i>	Age <i>one</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>So. Balto. Md</i>		
Married, Single or Widowed <i>—</i>			Occupation		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Nowak</i>			Father's Birthplace <i>Europe</i>		
Mother's Maiden Name <i>Flora Schmidt</i>			Mother's Birthplace <i>Europe</i>		
Name of person giving Information <i>Flora Nowak</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	<i>Dysentery</i> ¹⁴	How long
Immediate		<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edw. B. Horton</i> <i>So. Balto. Md -</i>
Accident or Suicide?		



Name In Full

Certificate of Death

Clifford Perrie
 Town County

Died at

Clinton Bay aa
 Month Day Y. M. D.

MARYLAND

Date 1902

5 26

Age 40.7

Native of

Ohio

Occupation

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

1

Husband of

Wife

Father's

Name

Oliver Perrie

Mother's

Maiden Name

Mary J Perrie

Cause of

Primary

Paralysis of Heart

How long sick

1 day

Death

Immediate

Accident, Suicide, Homicide

Reported by

Charles Brooke

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75805



Name
in
Full

Hermit Queen

CERTIFICATE OF DEATH

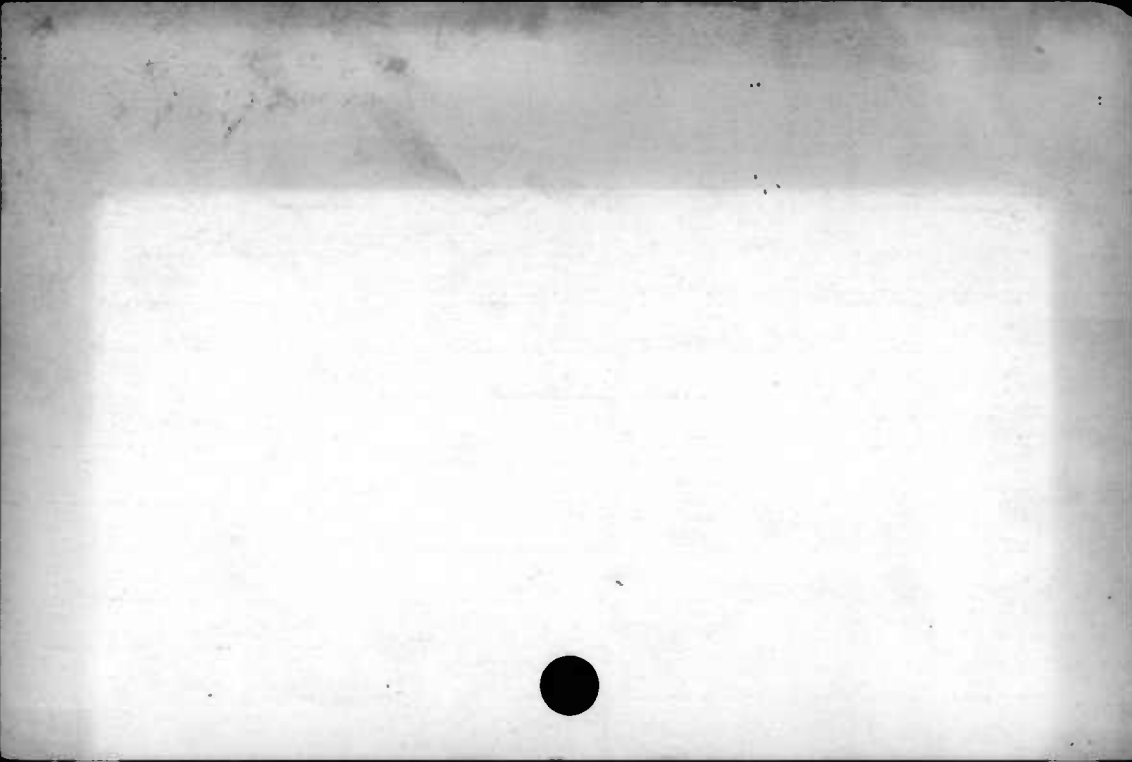
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Well Run</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>May</i>	Day	<i>10</i>
Age		<i>35</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>African</i>	Birth-place	<i>Talbot Co. Md.</i>
Married, Single or Widowed	<i>Married</i>		Occupation	<i>Housewife</i>	
Name of Wife or Husband <i>Thomas Queen</i>					
Father's Name <i>Don't know</i>				Father's Birthplace	
Mother's Maiden Name <i>" "</i>				Mother's Birthplace	
Name of person giving information <i>Thomas Queen</i>				How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Child birth</i>	How long	<i>3 days</i>
Immediate	<i>Perforitis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Thomas H. Grayshaw</i>
		Address	<i>Gen Burnie</i>
Accident or Suicide?			



Name in Full

Certificate of Death

Malburga Reile

Town

County

Died at

MARYLAND

Data

182 1902 - May - 2

Month

Day

Y.

M.

D.

Native of

Occupation

Age

75 - 7 -

Germany

none

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

154

Cause of

Primary

Old Age

Death

Immediate

Gastric Catarrh

How long sick

Six weeks

~~Accident, Suicide, Homicide~~

Reported by

J Wesley Cole

Address

1324 S. Charles, Baltimore Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

J Wesley Cole

of

Baltimore Md

Seen by Coroner

of

Information contained in this certificate received

from

Family of deceased

of

Brooklyn A A Co Md

MAY 2- 1902

Name in Full

Certificate of Death

Still Born Infant

Town

County

Died at Annapolis Anne Arundel MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 May 29th Age md

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of _____

Wife _____

Father's Name Harry Robinson Mother's Maiden Name Mary Hopkins

Cause of Primary _____ How long sick _____

Death Immediate Still Born _____ Accident, Suicide, Homicide _____

Reported by Geo Will M.D.

Address Annapolis md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Joseph B. Rose

Died at ^{Town} Annapolis ^{County} Ad

MARYLAND

Date 1902 May 16th Month Day Y. M. D. Age 58 yr Native of Md Occupation Water-man

Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐ Number of children living

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
Wife

Father's Name Unknown Mother's Name Unknown

Maiden Name Unknown

Cause of Death { Primary Influenza How long sick Two weeks

Immediate Typhoid Pneumonia Accident, Suicide, Homicide

Reported by John Ridout Ad 10

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



the



Sempa B. Russell
 Town County

Died at

Amnapai A.A.
 Month Day Y. M. D.

MARYLAND

Date 1964

May 8
 Month Day

Age

64
 Y. M. D.

Native of

Occupation

Wm
 Native of

Male
 Female

Wife
 Married

Single
 Single

Widow
 Widow

Wm
 Divorced

Number of children living

9
 Number of children living

Husband of

Wm. H. Russell
 Husband of

Wife

Father's

Name

John Mitchell
 Father's Name

Mother's

Maiden Name

Ann Work
 Mother's Maiden Name

Cause of

Primary

Death

Immediate

Bug's Disease
 Cause of Death

How long sick

2 months
 How long sick

Accident, Suicide, Homicide

Reported by

Dr. Wells
 Reported by

Address

X
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Infant child of Jno Sims

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 6

Age

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Still born

~~Accident, Suicide, Homicide~~

Reported by

Wm. S. Welch M.D.

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Louisa Smallwood

MARYLAND

Died at ^{Town} East Port^{County} Aft

Date 1902 May 23rd

Age 18 yr

Native of

Md

Occupation

Housework

~~Male~~
Female

White

Colored

~~Married~~

Single

~~Widow~~~~Widower~~~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

George Smallwood

Mother's Maiden Name

Serena Thomas

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Six months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

John Ridout Md

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mahalia Smith

Town

County

Died at

Herring Bay a.a.

MARYLAND

Date 19

02

Month

Day

5 6

Age

65 - -

Native of

Md

Occupation

House Wife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Spasmodic Paralysis

How long sick

1 week

Death

Immediate

Dyspnoea

~~Accident, Suicide, Homicide~~

Reported by

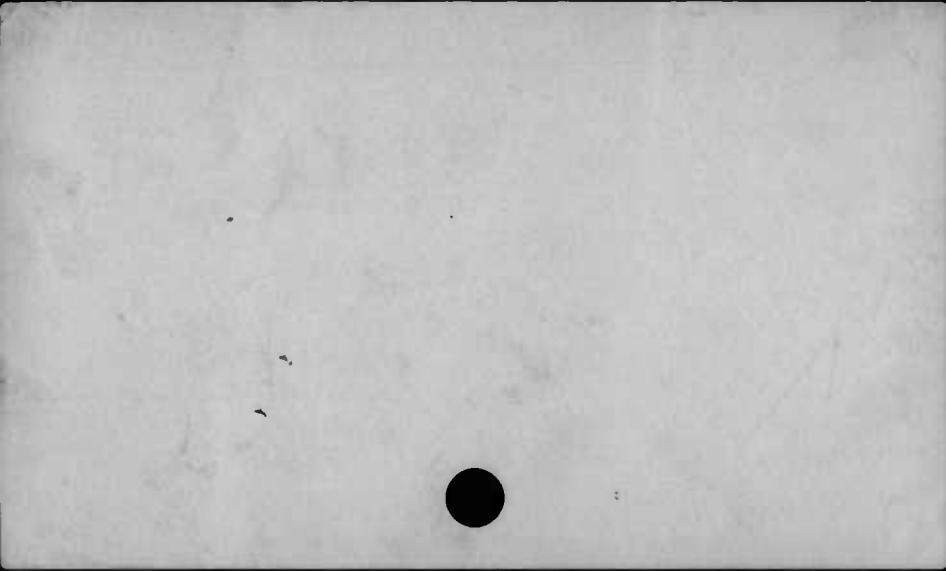
Dr. B. B. Boyd

Address

Shady Side

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Smother

Died at ^{Town} Annapolis ^{County} St. MARYLAND

Date 1902 May 18th Month Day Y. M. D. Native of Occupation
 Age 71 yrs Md Barber
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living None

Husband of Sarah Smother
 Wife
 Father's Name Nathen Smother Mother's Name Rebecca Smother
 Maiden Name

Cause of Death { Primary congestive chill How long sick A few hours
 Immediate Accident, Suicide, Homicide

Reported by William G. Ridout Md
 Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



_____ *Stevens*

Town

County

MARYLAND

Died at

Annapolis

 Month Day

Y. M. D.

Native of

Occupation

Date 19

2, May 4th

 Year Month Day

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Charles Stevens

 Name

Maiden Name

Mother's

Mahinda Butler

 Name

Cause of

Primary

Still Born

 Cause of Death

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Susan Wright Midwife

 Name

Address

Annapolis Md

 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anthony Thomas

Town

County

Died at

Wellham

Anne Arundel

MARYLAND

Date

1902

Month

5

Day

20

Y.

35

M.

4

D.

—

Native of

Maryland

Occupation

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

—

Husband

of

Annie Parker

Father's

Name

Mother's

Name

Cause of

Primary

Acute Tuberculous broncho pneumonia 3 mo.

How long sick,

3 mo.

Death

Immediate

Exhaustion

~~Accident Suicide Homicide~~

Reported by

Thos. P. Benson M.D.

Address

Wellham

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mary E. Thomas

Town

County

Died at

Annapolis

MARYLAND

Date 19

02

May

10th

Age

6

Y.

M.

D.

Native of

Md.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Jesse Brooker

Mother's

Maiden Name

Alice Thomas

Cause of

Primary

Inferior

How long sick

Since birth

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Hammond

Hall Undertaker

Address

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Daniel J. Tracey

CERTIFICATE OF DEATH

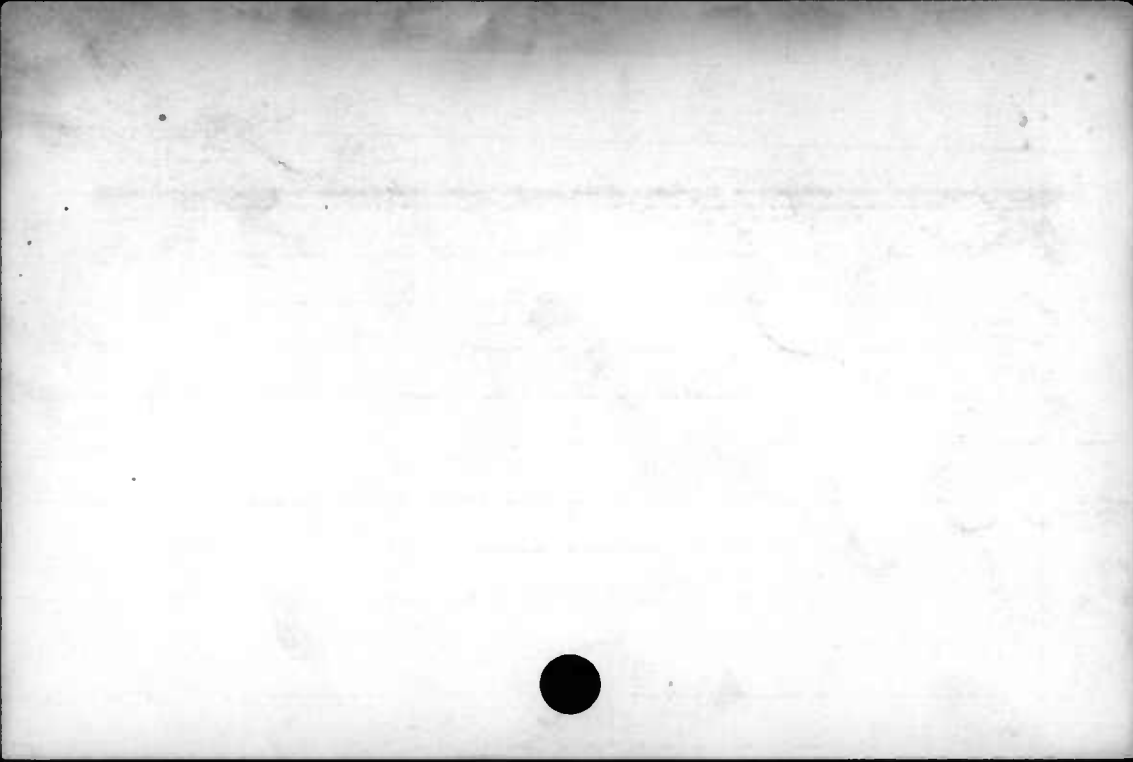
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Blk. Burns</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>May</u>	Day <u>23rd</u>	Age <u>76</u> ^{Years}	Months <u>3</u>	Days <u>1</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Balto Co</u>	
Married, Single <u>or Widowed</u>			Occupation <u>rentier of Sevens</u>		
Name of Wife or Husband <u>Kathleen Peters</u>					
Father's Name <u>Daniel Tracey</u>			Father's Birthplace <u>Balto Co</u>		
Mother's Maiden Name <u>Miranda</u>			Mother's Birthplace <u>Balto Co</u>		
Name of person giving information <u>D J Tracey Jr</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>4 days</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J H Graycham MD</u>
	Address <u>Blk Burns Maryland</u>



Name In Full

Certificate of Death

Lewis Franklin Wayson

Town

County

Died at

Bristol

Anne Arundel

MARYLAND

Date 1902,

Month

Day

Y.

M.

D.

Native of

Occupation

May

4

Age

0

0

5-

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Wm Wayson

Mother's

Maiden Name

Mildred Dove

Cause of

Primary

Immediate

Death

Asthma

151

How long sick

5 days.

Accident, Suicide, Homicide

Reported by

A. H. Devine

Md.

Address

McKendree

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Raymond Thomas Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairfield</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i>	<i>May</i> <small>Month</small>	<i>5</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>13</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fairfield, Md.</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Engine Webster</i>			Father's Birthplace <i>Washington D.C.</i>		
Mother's Maiden Name <i>Annie Spencer</i>			Mother's Birthplace <i>Phila. Pa.</i>		
Name of person giving information <i>Annie Webster</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>6 hours</i>
Immediate	<i>yes</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thos. B. Horton M.D.</i>	
<i>g</i>		Address <i>Do. Balto, Md.</i>	
Accident or Suicide? <i>—</i>			

Name In Full

Certificate of Death

Stence Wialenski
 Town County

Died at

MARYLAND

Date 1902 5 21 Age 3 weeks Maryland
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
 Wife
 Father's Name Emily Wialenski Mother's Name Annie Wialenski
 Maiden Name

Cause of Primary Diarrhea How long sick 3 days
 Death Immediate Diarrhea 105 Accident, Suicide, Homicide

Reported by J W DeBos M.D.
 Address Millersville Md J W DeBos M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76885



Name in Full

Certificate of Death

Name in Full Williams
 Town Annapolis County AA
 Died at Annapolis MARYLAND
 Date 19 02 Month Mar Day 18th Y. M. D. Native of Ind Occupation Triplets
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living 3
 Husband of _____
 Wife _____
 Father's Name Wm J Williams Mother's Maiden Name Margaret A Frank
 Cause of Death { Primary Still-born Immediate ☐ How long sick _____
 Accident, Suicide, Homicide ☐
 Reported by Susan Wright Midwife
 Address Annapolis Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles A. Wilson

Town

County

Died at Annapolis Anne Arundel MARYLAND

Date 1902 May 24th Y. M. D. Native of Md Occupation Merchant
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

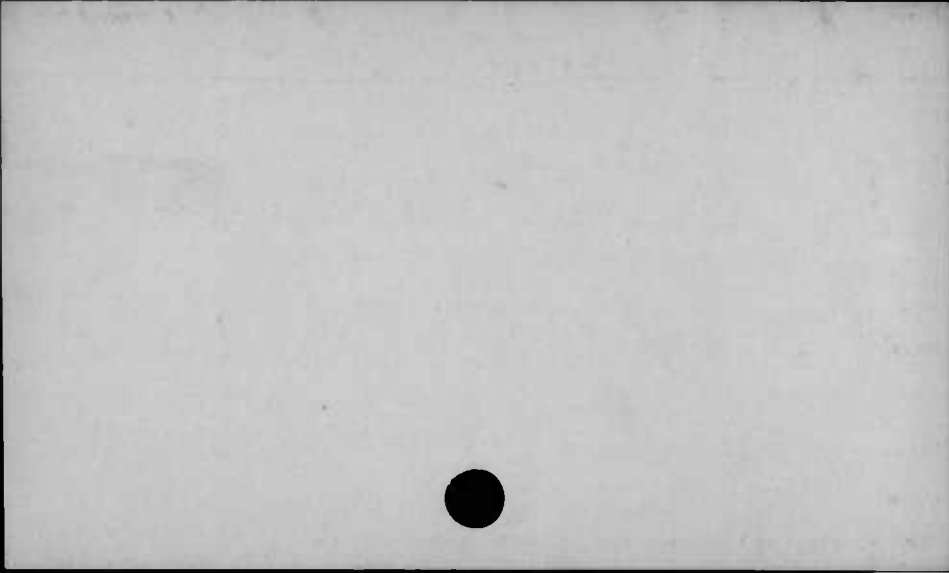
Husband of Mary E. Newman
 Wife
 Father's Name Wm H. Wilson Mother's Name Mary A. Holliday
 Maiden Name

Cause of Death Primary Immediate Apoplexy. How long sick 1 week.
 Accident, Suicide, Homicide

Reported by Geo Wills M.D.

Address Annapolis Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full Benny Wilson
 Town Annapolis County AA
 Died at Annapolis MARYLAND
 Date 19 02 May 14th Y. 4 M. 5 D. 14 Native of MD Occupation Labrer
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living None
 Husband of Margaret Wilson
 Wife of Unknown Father's Name Unknown Mother's Name Unknown
 Cause of Death { Primary Influenza Immediate Typhoid State } How long sick Two weeks
 Reported by John Ridout MD Asthenia
 Address Annapolis MD
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Cleanor Wood

Town

County

Died at

MARYLAND

Died at Harwood aa
 Month Day Y. M. D. Native of Occupation
 Date 19 02 May 9 Age 90 - 9 U.S. Housewife
~~Male~~ White Married Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband

Wife

Father's

Name

Mother's

Maiden Name

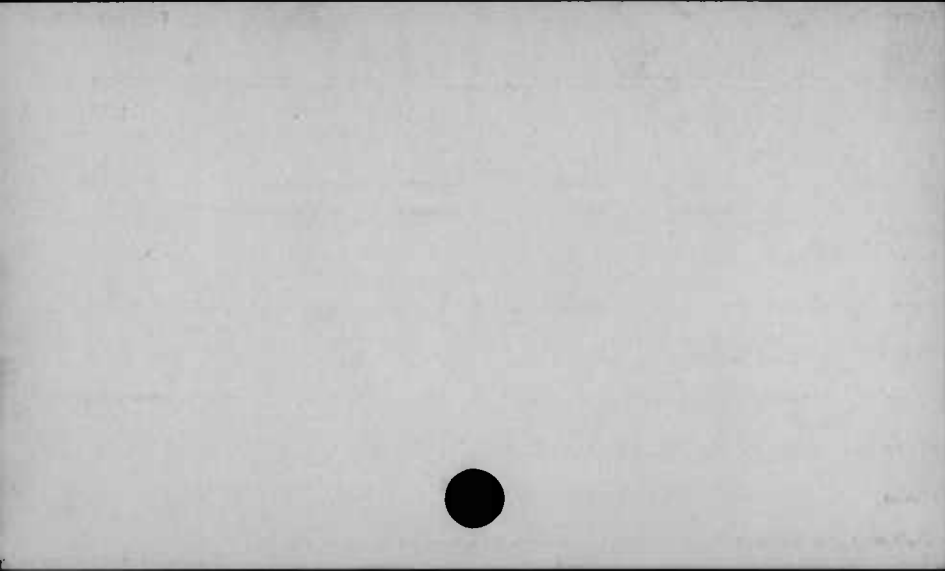
Cause of Death { Primary Old age Immediate Heart failure }
 How long sick 3 years
154
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79849



Name in Full

Certificate of Death

Stella Olivia Young

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

May 1

Age

3-6

Ind

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Frank S Young

9

Cause of

Primary

Membrane Group

How long sick

1 week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Wm S Welch MD

Address

Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

